



**USAID**  
FROM THE AMERICAN PEOPLE



**GRADUATE SCHOLARSHIP IN SCIENCE & TECHNOLOGY (GraSST)**

**An Application for a Grant to Study in the United States**

**through the USAID Science, Technology, Research and Innovation for Development (STRIDE) Program**

**INSTRUCTIONS**

1. Please read the Guidelines for Applicants before completing this form.
2. Each question must be answered carefully and completely in English.
3. Once completed, please sign and e-mail the form and the required documents to [helpdesk@stride.rti.org](mailto:helpdesk@stride.rti.org).
4. Completed application forms and supporting documents must be received by STRIDE office by 31 March 2014 for PSM Scholarship and by 30 April 2014 for PhD Dissertation Research Scholarship.

**PERSONAL INFORMATION**

Name: *(As it appears or will appear on your passport)* \_\_\_\_\_

Name on Previous Academic Records: *(if different from above)* \_\_\_\_\_

Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Country of Nationality: \_\_\_\_\_

Civil Status:                      *Single*                      *Married*                       *Separated*                       *Widowed*

Passport *(upload/attach file)*

Passport Number: \_\_\_\_\_ Place of Issue: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**CONTACT INFORMATION**

Current Address:

House / Building / Unit No. \_\_\_\_\_  
 Street \_\_\_\_\_  
 Village / Subdivision \_\_\_\_\_  
 Town / City \_\_\_\_\_  
 Postal Code \_\_\_\_\_

Landline \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

**STUDY PLANS**

Degree Objective:                       *Professional Science Master's Coursework*                       *PhD Dissertation Research*

Major Field of Study *(Briefly describe the specific area of your field in which you plan to specialize)*  
 \_\_\_\_\_  
 \_\_\_\_\_

Future Plans *(Describe the career you plan to pursue after completing your study or research in the U.S.)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**University Preferences (For PSM Applicants)**

*(List in priority order up to three (3) preferred U.S. universities from the list in Appendix A - US Universities with PSM Programs. Indicate your choice of programs. Give specific reasons for each choice. Your preferences will be taken into consideration in so far as possible. STRIDE reserves the right to choose the university for the applicant if we, in our sole and absolute discretion, determine that applicant's preferences are not within STRIDE's parameters)*

|    | <b>Institution and Address</b> | <b>Department</b> | <b>Concentration/<br/>Specialization</b> | <b>Special Reason / Contact</b> |
|----|--------------------------------|-------------------|--|---------------------------------|
| 1. |                                |                   |  |                                 |
| 2. |                                |                   |  |                                 |
| 3. |                                |                   |  |                                 |

**U.S. University Research Professor Information (for PhD Dissertation Research Applicants)**

| <b>Name of Professor</b> | <b>University / Institution</b> | <b>Department</b> | <b>E-mail Address</b> |
|--------------------------|---------------------------------|-------------------|-----------------------|
|                          |                                 |                   |                       |

**Proof of communication / research agreement with proposed host university (upload/attach document)**(for PhD Dissertation Research)

**Dissertation Research Proposal (upload/attach document)**  
(for PhD Research applicants)

**CURRENT POSITION & ACADEMIC RECORD**

Work Information

- Recent Graduate       Currently Unemployed

**Work Experience (List positions held. Begin with the most recent employment)**

| Name and Address of Employer | Designation / Type of Work | Dates (Month and Year) |    |
|------------------------------|----------------------------|------------------------|----|
|                              |                            | From                   | To |
|                              |                            |                        |    |
|                              |                            |                        |    |
|                              |                            |                        |    |

Curriculum Vitae (upload/attach CV)

**Education** (List universities/colleges in reverse chronological order, including which you may be presently enrolled.)

| Institution & Location | Degree | Major Field of Study | Inclusive Dates<br>from to | Date Received or Expected |
|------------------------|--------|----------------------|----------------------------|---------------------------|
|                        |        |                      |                            |                           |
|                        |        |                      |                            |                           |
|                        |        |                      |                            |                           |

**Transcript of Records** (upload/attach undergraduate and graduate records)[PhD research applicants must upload/attach all graduate transcripts]

**Test Scores Availability (for PSM Applicants only)**

I have no test scores to report at this time

**GRE General Test**

Date of Test                      mm                      yy

|                           |                      |                      |
|---------------------------|----------------------|----------------------|
|                           | Raw Score            | %                    |
| Verbal Score:             | <input type="text"/> | <input type="text"/> |
| Quantitative Score:       | <input type="text"/> | <input type="text"/> |
| Analytical Writing Score: | <input type="text"/> | <input type="text"/> |

**TOEFL (Internet-Based) Test**

Date of Test                      mm                      yy

|                 |                      |
|-----------------|----------------------|
| Reading Score   | <input type="text"/> |
| Listening Score | <input type="text"/> |
| Speaking Score  | <input type="text"/> |
| Writing Score   | <input type="text"/> |

**List Current / Past Scholarship or Fellowship Awards** (Title of Scholarships, Amount and Dates)

---



---



---

**List Publications and Academic Honors**

---



---



---

**LANGUAGE SKILLS**

Native Language: \_\_\_\_\_

Other Languages (please rate Excellent, Good, Fair or Poor in reading, writing and speaking)

|          |         |         |          |
|----------|---------|---------|----------|
| Language | Reading | Writing | Speaking |
|----------|---------|---------|----------|

---



---



---



**MEDICAL HISTORY**

Have you ever had or been treated for any of the following conditions or diseases in the past three years?

(Please check if any)

- Asthma
- Allergy
- Cancer of \_\_\_\_\_
- Diabetes
- Stroke
- Others \_\_\_\_\_
- Hypertension
- Jaundice or Hepatitis
- Heart Trouble
- Skin Diseases

**Physical Disability:** *If you are physically disabled, please provide full explanation of your needs.*

*We wish to help disabled candidates to have a better chance to be selected and provide them with necessary help to complete their study.*

Do you have a disability / medical condition?       Yes       No

If yes, please give details.

---



---



---

What adjustments if any can we make to assist you in your study?

---



---



---

**LIST OF PROFESSIONAL/ACADEMIC REFEREES**

Please provide your referee information in the section provided below. Upon submission of your application, each referee whose e-mail address you supplied will receive a recommendation request e-mail from STRIDE. It is strongly advise that you give your referee prior notice of the recommendation request e-mail they will receive.

**Referee 1**

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Organization \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

E-mail \_\_\_\_\_

Phone: \_\_\_\_\_

**Referee 2**

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Organization \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone: \_\_\_\_\_

Referee 3  
Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Organization \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone: \_\_\_\_\_

**In case of emergency, please contact:**

Relative in U.S.  
Name: \_\_\_\_\_  
Relationship \_\_\_\_\_  
Contact nos. \_\_\_\_\_  
E-mail \_\_\_\_\_

Relative in the Philippines  
Name: \_\_\_\_\_  
Relationship \_\_\_\_\_  
Contact nos. \_\_\_\_\_  
E-mail \_\_\_\_\_

**CERTIFICATION**

I confirm that the information given on this form and supporting credentials is true and accurate and wish to apply for a scholarship. I understand that the application will be considered according to the regulations of STRIDE and that the decision of the Selection Panel or their representatives is final. I also understand that misrepresentation on any part of this form and supporting credentials is grounds for denial or revocation of scholarship.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_